

**Property:**

**Management Agent:**

Trek Development Group  
 130 7<sup>th</sup> Street  
 Pittsburgh, PA 15222  
 412.688.7200 Phone Number  
 800.654.5984 TT Number  
 412.688.0588 Fax Number



**RESIDENCY PRE-APPLICATION**

*For LIHTC/HOME/Rural Development/Section 8 Properties*

Date Received _____	Time Received _____ AM/PM	Applicant #: _____
***Management Use Only***		

You must provide all information requested on this pre-application. You will be contacted at a later time for a complete eligibility interview. All information you provide will be handled confidentially. **Incomplete applications will not be accepted.** The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

What size of apartment do you wish to apply for? \_\_\_\_\_

APPLICANT FULL LEGAL NAME (Last, First, Middle Initial)	<input type="checkbox"/> Male <input type="checkbox"/> Female	PREVIOUS NAMES, ALIASES OR NICKNAMES USED	
SOCIAL SECURITY NUMBER	BIRTHDATE	DRIVERS LICENSE #	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-MAIL	PHONE NUMBER		REQUESTED MOVE-IN DATE
CURRENT ADDRESS	CITY	STATE	ZIP
CURRENTLY <input type="checkbox"/> RENT <input type="checkbox"/> OWN	CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	
DATES OF RESIDENCE?	CURRENT MONTHLY RENT AMOUNT?	REASON FOR MOVING	

**LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT:**

PLEASE PRINT FULL LEGAL NAME (Last, First, Middle Initial)					
SPOUSE OR CO-HEAD (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME (Last, First, Middle Initial)	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #	BIRTHDATE	FULL TIME STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ANY SPECIAL HOUSING ACCOMMODATIONS THAT THE HOUSEHOLD WILL REQUIRE (e.g. unit for mobility impaired, visually impaired, live-in attendant, grab bars, wheel-in showers, no steps, etc.):					

**SOURCES OF INCOME (All Household Members 18 years of age and older)**

THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, WELFARE ASSISTANCE, SOCIAL SECURITY, PENSIONS, SSI, DISABILITY, MILITARY PAY/BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY, STUDENT GRANTS/LOANS, SELF-EMPLOYMENT, LOTTERY INCOME, INCOME FROM THE SALE OF PROPERTY, INCOME FROM TRUSTS AND ANY OTHER INCOME RECEIVED FROM PEOPLE NOT RESIDING WITH YOU.

EMPLOYER NAME	ANNUAL GROSS INCOME \$	DATES OF EMPLOYMENT
OTHER INCOME SOURCE	GROSS ANNUAL AMOUNT \$	
OTHER INCOME SOURCE	GROSS ANNUAL AMOUNT \$	
OTHER INCOME SOURCE	GROSS ANNUAL AMOUNT \$	

**ASSET INFORMATION (Bank, Retirement, Real Estate, Checking, Savings, CDs, Stocks)**

FINANCIAL INSTITUTION	CURRENT BALANCE \$
FINANCIAL INSTITUTION	CURRENT BALANCE \$

**MARKET SOURCE**

Property Website   
  Current Resident Referral   
  Housing Authority Referral  
 Banners/Signs/Flyers   
  Drive by   
  Social Media   
  Craigslist.org   
  Apt.Finder

**ADDITIONAL REQUIRED INFORMATION**

Have you ever been evicted? \_\_\_ Yes    \_\_\_ No  
 If yes, when? \_\_\_\_\_

Have you or any person who will be occupying the unit **ever** been convicted, pled guilty or no-contest to any crime? \_\_\_ Yes    \_\_\_ No

Does your household have any pets? \_\_\_ Yes    \_\_\_ No

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? \_\_\_ Yes    \_\_\_ No

Do you currently have a Section 8 Voucher? \_\_\_ Yes    \_\_\_ No

**All Household members 18 years of age or older must review this application, read the statement below and then sign and date the rental application:**

I/We understand that it is our responsibility to contact the Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, and household composition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

*We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.*